

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1187
147

State File No.

Registration District No. 329

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1313 East 14th St. 2nd Fl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 23 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. Susie Everett

3. (b) If veteran, name war. None 3. (c) Social Security No. 486-07-5816

4. Sex. Fe 5. Color or race. Col 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. James Everett 6. (c) Age of husband or wife if alive. 58 years

7. Birth date of deceased. Feb. 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 7
If less than one day hr. min.

9. Birthplace. Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Scott Williams
13. Birthplace. Little Rock Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name. Lu Cook
15. Birthplace. Texas
(City, town, or county) (State or foreign country)

16. (a) Informant. Earl Williams
(b) Address. 1313 East 14th St. 2nd Fl.

17. (a) burial (b) Date thereof. 1/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Highland Cemetery

18. (a) Signature of funeral director. Matthews Bros.

(b) Address. 1729 Lydia

19. (a) Jan 11, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1313 East 14th St. 2nd Fl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 1-8-41
year. hour. minute. 12:30 P. M.

21. I hereby certify that I attended the deceased from 19...
that I saw the body on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. Influenza Bronchopneumonia
Due to

Due to 33a
Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.
Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury. 3
23. Signature. Russell W. (M. D. or other)
Address. Date signed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifford J. Woods
Licensed Embalmer No. 3106

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.